

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

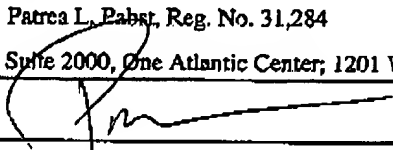
Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/500,904
	Filing Date	February 9, 2000
	First Named Inventor	John B. Harley
	Group Art Unit	1648
	Examiner Name	S. A. Foley
Total Number of Pages in This Submission	Attorney Docket Number	OMRF 161 CIP

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Patricia L. Pabst, Reg. No. 31,284 Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E.; Atlanta, GA 30309-3400	
Signature		
Date	September 5, 2002	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____		
Typed or printed name	SEE CERTIFICATE OF FACSIMILE TRANSMISSION	
Signature	Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

SEP.05'2002 16:10

HOLLAND & KNIGHT LLP

One Atlantic Center
1201 West Peachtree Street, N.E.
Suite 2000
Atlanta, Georgia 30309-3400

404-817-8500
FAX 404-881-0470
http://www.hklaw.com

FAX RECEIVED

SEP 06 2002

GROUP 1600

Atlanta
Boston
Bradenton
Chicago
Fort Lauderdale
Jacksonville
Lakeland
Los Angeles
Melbourne
Miami
New York

International Offices:
Caracas
Helsinki
Mexico City
Rio de Janeiro

#5634 P.001/006
Northern Virginia
Orlando
Providence
San Antonio
San Francisco
Seattle
St. Petersburg
Tallahassee
Tampa
Washington, D.C.
West Palm Beach

Sao Paulo
Tel Aviv
Tokyo
Representative Offices

FACSIMILE

OFFICIAL

TO:

Group 1600 After Final	Assistant Commissioner for Patents	703-872-9307
NAME	COMPANY/FIRM	FAX NUMBER
Washington	DC	703-308-0198
CITY	STATE	(TELEPHONE NUMBER)

FROM:

Patrea L. Pabst	404-817-8473	5
NAME	TELEPHONE	TOTAL PAGES (Including Cover Sheet)

FOR THE RECORD:

DATE: August 7, 2002	URGENCY: <input type="checkbox"/> SUPER RUSH	<input type="checkbox"/> RUSH	<input type="checkbox"/> REGULAR
FAXED BY:	FILE #: 078617/00140	CLIENT NAME: OMRF 161 CIP	

CONFIRMED: ☐ YES ☐ NO

NAME:

TIME:

If you did not receive all of
the pages or find that they
are illegible, please call
(404) 817-8500

CONFIDENTIALITY NOTICE: This facsimile, along with any documents, files, or attachments, may contain information that is confidential, privileged, or otherwise exempt from disclosure. If you are not the intended recipient or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, printing, distribution or use of any information contained in or attached to this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by facsimile or by telephone collect at the numbers stated above, and destroy the original facsimile and its attachments without reading, printing, or saving in any manner. Your cooperation is appreciated. Thank you.

MESSAGE:

Applicants: John B. Harley, Judith A. James, and Kenneth M. Kaufman

Serial No.: 09/500,904

Group Art Unit: 1648

Filed: February 9, 2000

Examiner: Foley, S.

For: **DIAGNOSTICS AND THERAPY OF EPSTEIN-BARR VIRUS IN
AUTOIMMUNE DISORDERS**

PTO/SB/97 (12-97)
Approved for use through 8/30/00. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

U.S.S.N. 09/500,904
Filed: February 9, 2000
NOTICE OF APPEAL AND
PETITION FOR ONE MONTH
EXTENSION OF TIME

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the
Patent and Trademark Office

on September 5, 2002
Date


Signature

Jean Hicks

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify
each submitted paper.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office,
Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents,
Washington, DC 20231.